
WISCONSIN MEDICAID **UPDATE**

JANUARY 15, 1998

UPDATE 98-03

TO:

Case Management Providers
Community Support Programs
HMOs and Other Managed Care
Providers
School-based Services Providers

Reimbursement Rate Increases - Effective July 1, 1997

2.7 Percent Increase for Service Reimbursement

According to the Medicaid State Plan, effective July 1, 1997, Wisconsin Medicaid has made a 2.7 percent increase in the reimbursement rates for the following services:

- Case management services.
- Community support program services.
- School-based services.

Attached are the new reimbursement rates .

Wisconsin Medicaid will automatically adjust claims already paid for covered services provided on and after July 1, 1997, to reflect the new reimbursement limits. When adjustments are made, you will receive a message on your Remittance and Status (R/S) Report.

POH 1592

**Wisconsin Medicaid Fee Schedule
Case Management Services
Effective Date: July 1, 1997**

This is your Wisconsin Medicaid Fee Schedule, which is in effect as of the date of this report. Wisconsin Medicaid certified providers will be reimbursed for the fee listed on this schedule for covered services provided to program recipients.

Although the fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third party liability, copayment, age restrictions, prior authorization, etc.), it does contain the following information:

Procedure Code (CPT Code) — The procedure code recognized by Wisconsin Medicaid to identify the service provided.

Description — An abbreviated description of the procedure code.

Hourly Rate — The unit rate established for the service.

Effective Date — The effective date of service on or after which the hourly rate applies.

Reimbursement — The hourly rate Wisconsin Medicaid reimburses for the listed procedure.

This information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions, please contact the Bureau of Health Care Financing by writing to:

**Provider Type (insert your provider type) Policy Analyst
Bureau of Health Care Financing
P.O. Box 309
Madison, WI 53701-0309**

When requesting information, please be specific as to which provider type you are referring to (i.e., case management, crisis intervention, CSP).

Wisconsin Medicaid Fee Schedule Case Management Services Effective Date July 1, 1997			
Procedure Code	Description	Hourly Rate	Reimbursement
W7051	Assessment	\$36.51	\$21.48
W7061	Case Planning	\$36.51	\$21.48
W7062	Institutional Discharge Planning	\$36.51	\$21.48
W7071	Ongoing Monitoring and Service Coordination	\$36.51	\$21.48

Reimbursement for case management services is based on a contracted hourly rate for case management services. The hourly rate in the above table is effective for dates of service on and after 7/1/97. For reimbursement rates for services provided prior to 7/1/97, refer to Wisconsin Medicaid Update 96-34.

Wisconsin Medicaid pays providers the federal share of the hourly rate for Medicaid case management services. The federal matching share is currently .5884 (October 1, 1997). Wisconsin Medicaid increased reimbursement rates by 2.7 percent for State Fiscal Year 1998.

Wisconsin statutes require counties to provide that part of Medicaid reimbursement for Medicaid case management services that is not provided by the federal government (Section 49.45 (25), Wis. Stats.).

**Wisconsin Medicaid Fee Schedule
Community Support Programs (CSP)
Effective Date: July 1, 1997**

This is your Wisconsin Medicaid Fee Schedule, which is in effect as of the date of this report. Wisconsin Medicaid certified providers will be reimbursed for the fee listed on this schedule for covered services provided to program recipients.

Although the fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third party liability, copayment, age restrictions, prior authorization, etc.), it does contain the following information:

Procedure Code (CPT Code) — The procedure code recognized by Wisconsin Medicaid to identify the service provided.

Description — An abbreviated description of the procedure code.

Hourly Rate — The unit rate established for the service.

Effective Date — The effective date of service on or after which the hourly rate applies.

Reimbursement — The hourly rate Wisconsin Medicaid reimburses for the listed procedure.

This information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions, please contact the Bureau of Health Care Financing by writing to:

**Provider Type (insert your provider type) Policy Analyst
Bureau of Health Care Financing
P.O. Box 309
Madison, WI 53701-0309**

When requesting information, please be specific as to which provider type you are referring to (i.e., case management, crisis intervention, CSP).

Wisconsin Medicaid Fee Schedule Community Support Programs (CSP) Effective Date July 1, 1997		
Service/Skill Level	Hourly rate	Reimbursement
CSP/MD-individual (V8200, V8210, V8220, V8230, V8240, V8250)	\$126.58	\$74.48
CSP/MD-group (V8280)	\$31.65	\$18.62
CSP/PhD-individual (V8201, V8211, V8221, V8241, V8251, V8271)	\$94.94	\$55.86
CSP/PhD-group (V8281)	\$23.72	\$13.96
CSP/Masters-individual (V8202, V8212, V8222, V8242, V8252, V8262, V8272)	\$75.96	\$44.69
CSP/Masters-group (V8282)	\$18.98	\$11.17
CSP/Professional-individual (V8203, V8213, V8233, V8243, V8253, V8263, V8273)	\$50.62	\$29.78
CSP/Professional-group (V8283)	\$12.67	\$7.46
CSP/Technician-individual (V8274)	\$18.98	\$11.17

Reimbursement for CSP services is based on a contracted hourly rate for CSP services. The hourly rate in the above table is effective for dates of service on and after 7/1/97. For reimbursement rates for services provided prior to 7/1/97, refer to Wisconsin Medicaid Update 96-37.

Wisconsin Medicaid pays providers the federal share of the hourly rate for Medicaid CSP services. The federal matching rate is currently .5884 (October 1, 1997). Wisconsin Medicaid increased reimbursement rates by 2.7 percent for State Fiscal Year 1998.

Wisconsin statutes require counties to provide that part of Medicaid reimbursement for Medicaid CSP services that is not provided by the federal government (Section 49.45 (30), Wis. Stats.).

Wisconsin Medicaid Fee Schedule
SCHOOL-BASED SERVICES
Effective Date: July 1, 1997

This is your Wisconsin Medicaid Fee Schedule, which is in effect as of the date of this report. Wisconsin Medicaid certified providers will be reimbursed for the fee listed on this schedule for covered services provided to program recipients.

Although the fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third party liability, copayment, age restrictions, prior authorization, etc.), it does contain the following information:

Procedure Code (CPT Code) — The procedure code recognized by Wisconsin Medicaid to identify the service provided.

Description — An abbreviated description of the procedure code.

Unit Rate — The unit rate established for the service.

Effective Date — The effective date of service on or after which the unit rate applies.

Reimbursement — The unit rate Wisconsin Medicaid reimburses for the listed procedure.

This information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions, please contact the Bureau of Health Care Financing by writing to:

Provider Type (insert your provider type) Policy Analyst
Bureau of Health Care Financing
P.O. Box 309
Madison, WI 53701-0309

When requesting information, please be specific as to which provider type you are referring to (i.e., SBS, dental, physicians, lab and x-ray).

About school-based services:

Reimbursement for school-based services is based on a fee per unit for school-based services. The unit rate in the table on the back of this page is effective for dates of service on and after 7/1/97. For reimbursement rates for services provided prior to 7/1/97, refer to Wisconsin Medicaid Update 96-45.

Wisconsin Medicaid pays providers the federal share of the billed amount. The federal matching rate is currently .5884 (October 1, 1997). Wisconsin Medicaid increased reimbursement rates by 2.7 percent for State Fiscal Year 1998.

Wisconsin Medicaid requires SBS providers to annually certify sufficient non-federal funds to match the federal share of all Medicaid payments (local match money). Funding used for match must be spent on services eligible for Medicaid coverage and provided to Medicaid-eligible children.

Wisconsin Medicaid Fee Schedule
SCHOOL-BASED SERVICES
Effective Date July 1, 1997

Procedure Code	Procedure Code Description	Unit Rate	60% of Federal Share
W6050	IEP Speech, Language, Audiology and Hearing Service: Individual	\$23.87	\$8.43
W6051	IEP Speech, Language, Audiology and Hearing Service: Group	\$7.88	\$2.78
W6052	Speech, Language, Audiology and Hearing Service: Face-to-Face M-Team Assessment and IEP Plan Development	\$23.87	\$8.43
W6053	IEP Occupational Therapy Service: Individual	\$20.66	\$7.29
W6054	IEP Occupational Therapy Service: Group	\$6.82	\$2.41
W6055	Occupational Therapy: Face-to-Face M-Team Assessment and IEP Plan Development	\$20.66	\$7.29
W6056	IEP Physical Therapy Service: Individual	\$23.93	\$8.45
W6057	IEP Physical Therapy Service: Group	\$7.90	\$2.79
W6058	Physical Therapy: Face-to-Face M-Team Assessment and IEP Plan Development	\$23.93	\$8.45
W6059	IEP Psychological Service: Individual	\$21.32	\$7.53
W6060	IEP Psychological Service: Group	\$7.03	\$2.48
W6061	Psychological Service: Face-to-Face M-Team Assessment and IEP Plan Development	\$21.32	\$7.53
W6062	IEP Counseling Service: Individual	\$20.45	\$7.22
W6063	IEP Counseling Service: Group	\$6.75	\$2.38
W6064	Counseling: Face-to-Face M-Team Assessment and IEP Plan Development	\$20.45	\$7.22
W6065	IEP Social Work Service: Individual	\$20.56	\$7.26
W6066	IEP Social Work Service: Group	\$6.79	\$2.40
W6067	Social Work: Face-to-Face M-Team Assessment and IEP Plan Development	\$20.56	\$7.26
W6068	IEP Nursing Service: Care and Treatment	\$11.48	\$4.05
W6069	Nursing: Face-to-Face M-Team Assessment and IEP Plan Development	\$11.48	\$4.05
W6070	Face-to-Face M-Team Assessment and IEP Plan Development: Other Staff	\$21.40	\$7.56
W6072	Durable Medical Equipment	Individually Priced	
W6073	Special Transport, Per Mile	\$2.17	\$0.77